

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	11/13/00
FORMALITY REVIEW	A.S	943	12-11-00
RESPONSE FORMALITY REVIEW	HC	712	04-20-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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